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TO: U.S. Patent and Trademark Office
Examiner: Hau H. Nguyen
Art Unit: 2676

DATE: August 18, 2004

FROM: Lawrence J. McClure

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 12

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MESSAGE:

Patent Application No.: 09/669,354 Our Ref. 81751.0009

I hereby certify that the following documents:

- ☒ Supplemental Amendment Under 37 C.F.R. § 1.116/ Amendment Transmittal Letter
- ☒ Petition for Extension of Time (2 months)

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

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Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9306 ART UNIT 2676

CLIENT NUMBER: 81751.0009

ATTORNEY BILLING NUMBER: 3606

CONFIRMATION NUMBER: 703-305-4104 (return fax to Diane Zynn)

FORM PTO-1083

81751.0009

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Hisanobu ISHIYAMA

Serial No: 09/669,354

Filed: September 26, 2000

For: ELECTRO-OPTICAL DEVICE, AND ELECTRONIC APPARATUS AND DISPLAY DRIVER IC USING THE SAME

Art Unit: 2676

Examiner: Hau H. Nguyen

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	7	-	20	0	LG=\$18 SM=\$9	\$0	\$ 0
INDEPENDENT CLAIMS FEE	5	-	9	0	LG=\$86 SM=\$42	\$0	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140		\$ 0
Independent Claims: 1, 2, 4, 16 and 18					TOTAL		\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge the fee of \$___ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Please charge the fee of \$ 310 for the two month extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: August 18, 2004

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I hereby certify that this correspondence is being transmitted via facsimile to (703) 872-9306:
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